



COUNTY OF LOS ANGELES

INSTRUCTIONS FOR
LOBBYING ACTIVITY AUTHORIZATION
FORM LOB 2

ORDINANCE NO. 93-0031

A **LOBBYING ACTIVITY AUTHORIZATION (Form LOB 2)** must be completed and verified by each Lobbyist Employer/Client who contracts with a Lobbying Firm or Individual Lobbyist. It must be attached to the **Lobbying Firm/Individual Lobbyist Registration Statement (Form LOB 1)** or, when adding a new Lobbyist Employer/Client to the Firm's existing registration, to the **Amendment to Registration Statement (Form LOB 5)**.

The Lobbyist Employer/Client who contracts with the Lobbying Firm or Individual Lobbyist must date and sign the verification. Where the Lobbyist Employer/Client is a business entity or organization, a Responsible Officer of the entity or organization must sign the verification.

FILE THIS FORM WITH ORIGINAL SIGNATURE WITH THE:

Executive Officer of the Board of Supervisors
County of Los Angeles
Kenneth Hahn Hall of Administration
500 W. Temple Street, Room 383
Los Angeles, California 90012
(213) 974-1093

INTERNET ACCESS

The Los Angeles County Lobbyist Ordinance, rules, registration/reporting forms, registrants and their quarterly activity reports are accessible at:

<http://bos.co.la.ca.us/>



COUNTY OF LOS ANGELES

**Lobbying Activity Authorization
Form LOB 2**

OFFICIAL USE ONLY!

Type or Print in Ink

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Name of Lobbyist Employer/Client		Enter the EFFECTIVE DATE of Authorization	
Business Address: (Number, Street & Suite)			
City	State	Zip Code	Telephone Number & Extension ()
Attention:	E-Mail Address (optional)		Fax Number ()

I hereby authorize _____
(Name of Lobbying Firm/Individual Lobbyist)

(Business Address)

(City, State , Zip Code)

to engage in the activities of a lobbying firm (as defined in Section 2.160.010 of the Los Angeles County Code on behalf of the above named employer).

FURTHER, I ACKNOWLEDGE THAT BY CONTRACTING WITH THIS LOBBYING FIRM/INDIVIDUAL LOBBYIST, I AM REQUIRED TO REGISTER AS A LOBBYIST EMPLOYER AND MUST SUBMIT QUARTERLY ACTIVITY REPORTS.

VERIFICATION

I have used all reasonable diligence in preparing this Statement. I have reviewed this Statement and to the best of my knowledge the information contained herein is true and complete.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on (Date)	At (City and State)	By (Signature of Responsible Officer)
Name of Responsible Officer (Type or Print)		Title